

Name
in
Full

Emerson W.

Barrett

CERTIFICATE OF DEATH

Died at ^{Town} Miletoda Md^{County} Kent.

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 31 ^{Years} Age ^{Months} 7 ^{Days} 20

Sex male Color or Race colored Birth-place Miletoda Md

Occupation child Where Residing if not at place of death Miletoda

Married, Single or Widowed child Name of Wife or Husband child

Father's Name Charles Barrett Father's Birthplace

Mother's Maiden Name Nellie Scott Mother's Birthplace Miletoda

Name of person giving information John W. Scott How related to deceased Grand father

CAUSES OF DEATH

Primary Enteritis How long Several days

Immediate Convulsions How long One day

Are the name, age, sex, color, date and place correctly given above? Yes

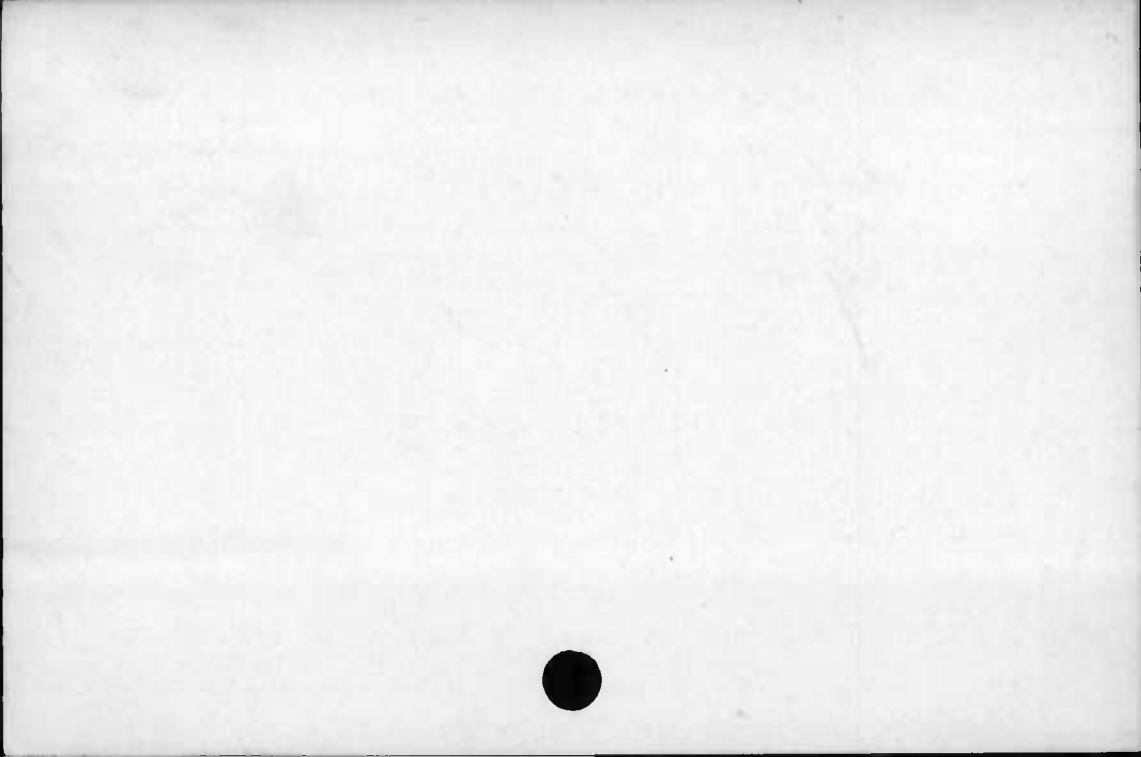
Signature of Physician

Address

Accident or Suicide?

No

J. H. Jumper
ChestnutTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches ter town</i> <small>Town</small>		<i>New</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>2</i> <small>Age</small>	<i>77</i> <small>Years</small>	<i></i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i>Md</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Geo. B. Carmichael</i>			How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	<i>154</i>	<i>Several years</i>
Immediate	<i>Asthma</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. G. Simpson</i>
		Address	<i>Ches ter town, Md</i>
Accident or Suicide?	<i>No</i>		

Chester town Colored
Cemetery.

John N. Dodd
Undertaker

Name
in
Full

Ellen Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> ^{Town}		<u>Newk</u> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	99
Sex	Female	Color or Race	Col	Years	
Occupation	Lawn dress	Birth-place	Mad	Months	
Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Washington	Father's Birthplace			
Mother's Maiden Name	Don't know	Mother's Birthplace			
Name of person giving information	Mary Kennard	How related to deceased	Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long	179	Several months
Immediate	Exhaustion	How long		Several weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Simpson	
		Address	Chester, Md	
Accident or Suicide?	No			



Name
in
Full

Thomas Beverly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Wash. Millington</i>		Town <i>Neuch</i>		County		
Date of death <i>1906</i>	Month <i>July</i>	Day <i>25th</i>	Age <i>39</i>	Years	Months <i>—</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>At home</i>			
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Susan Hamilton Beverly</i>			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <i>Susan Beverly</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary <i>Chronic Nephritis</i>	How long <i>3 or 4 Yrs</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Gourneau</i>
Accident or Suicide?	Address <i>Millington Md.</i>

PHYSICIAN
OR CORONER



Name
in
Full

Mary Frances Bottomley

CERTIFICATE OF DEATH

MARYLAND

Died at Millington

County Kent

Date of death 1906 7 14

Age 20 Years

Months 10

Days

Sex

Female

Color or
Race

White

Birth-
place

Millington

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Harry Bottomley

Father's
Birthplace

Millington

Mother's
Maiden Name

Annie Pinnion

Mother's
Birthplace

No

Name of person giving
Information

Harry Bottomley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enterocolitis

How long

8 days

Immediate

Tubercular Meningitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. W. H. Jacobs

Address

Millington Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Wilson Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomona</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>4</i>	Age <i>13</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>School boy</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Brown</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Catherine Wilson</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mrs Wm J Brown</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Out acute Bright,</i>	How long <i>12</i>	<i>1 month</i>
Immediate <i>Dropsy & exhaustion</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpson</i>	
	Address <i>Chesterton, Md</i>	
Accident or Suicide? <i>No</i>		

Christina Cam & Co.

Name
in
Full

Sylvester Brown


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coleraine</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1906</i> Year	<i>July</i> Month	<i>8</i> Day	<i>17</i> Years	<i>2</i> Months
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland.</i>
Occupation	<i>Farm Hand.</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>George B. Brown</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sallie Fromen</i>			Mother's Birthplace	<i>Maryland.</i>
Name of person giving information	<i>Benery Brown</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever.</i>	How long	
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician
			Address
			<i>L. P. Atwell M.D.</i>
			<i>Still Pond</i>
			<i>md.</i>
Accident or Suicide?			

Union

Name
in
Full

Nathan Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		County <u>Stent</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>U.S.</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>			
Father's Name <u>Henry Butler</u>			Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Cassie Brown</u>			Mother's Birthplace <u>md</u>			
Name of person giving information <u>Henry Butler</u>			How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>L. P. Atwell M.D.</u>
		Address <u>Still Pond</u>
		<u>md.</u>
Accident or Suicide?		

Carlson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>17</i>	Age <i>—</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Fred. Carter</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Rose Webster</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Fred. Carter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

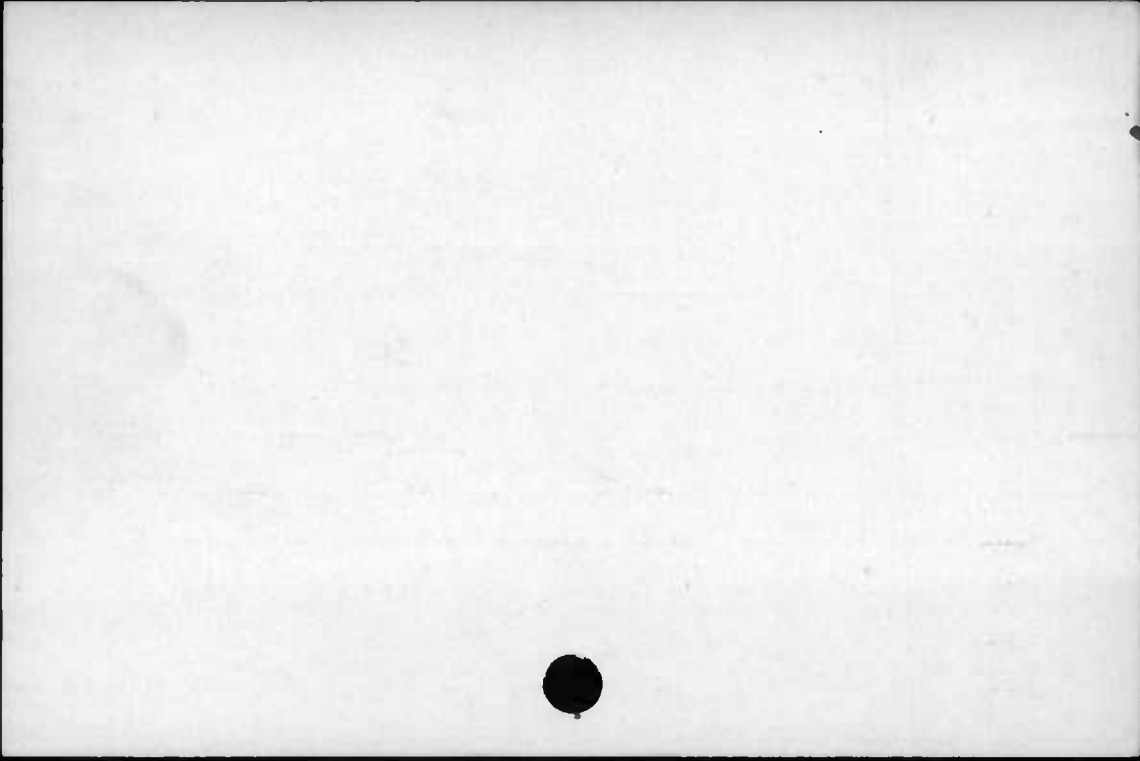
Primary	<i>Heart-Disease</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter Kelly</i>	
		Address <i>Rock Hall, Md.</i>	
Accident or Suicide? <i>Kent Co.</i>			



Name <i>Edward Franklin Coleman</i>		CERTIFICATE OF DEATH	
Died at <i>Warton Creek</i> ^{Town}		<i>Deer</i> ^{County}	
Date of death <i>1906</i>		Age <i>2 Weeks</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>—</i>		Where Residing If not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Wm. A. Coleman</i>		Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Drusella Copper</i>		Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Wm. A. Coleman</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Enteritis</i>		How long <i>2 Weeks</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank W. Smith</i>	
No physician in attendance		Address	
Accident or Suicide?			

Copied from
 TO BE ANSWERED BY
 NEAREST FRIEND
2/10/06

PHYSICIAN
 OR CORONER



Name
in
Full

Wm T. Davis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galt</i> Town			County <i>Reel</i>			MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>23</i>	Age <i>about 44</i>	Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Delaware.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farm hand</i>				
Name of Wife or Husband <i>Lena Pearl.</i>							
Father's Name <i>Wm Davis</i>				Father's Birthplace <i>New York</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving Information <i>B F Phillips</i>				How related to deceased <i>Not related</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer —</i>	<i>(45)</i>	How long <i>Several years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Jeter M.D.</i>	Address <i>Millington, Md.</i>
Accident or Suicide?		

To be Burned at
Lulams Del

Name
in
Full

Leonora Erith-Elbaum

CERTIFICATE OF DEATH

Died at Rock Hall ^{Town}Kent ^{County}

MARYLAND

Date of death 1909 ^{Month} July20 ^{Day}Age 3 ^{Years}— ^{Months}— ^{Days}Sex Female

Color or Race

White

Birth-place

Kent Co Md.Occupation —

Where Residing if not at place of death

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Charles A. Elbaum

Father's Birthplace

Kent Co Md.

Mother's Maiden Name

Blanch Hender

Mother's Birthplace

Omaha Neb.

Name of person giving information

Charles A. Elbaum

How related to deceased

Farther

CAUSES OF DEATH

Primary

Summer Catarrh

How long

8 days

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

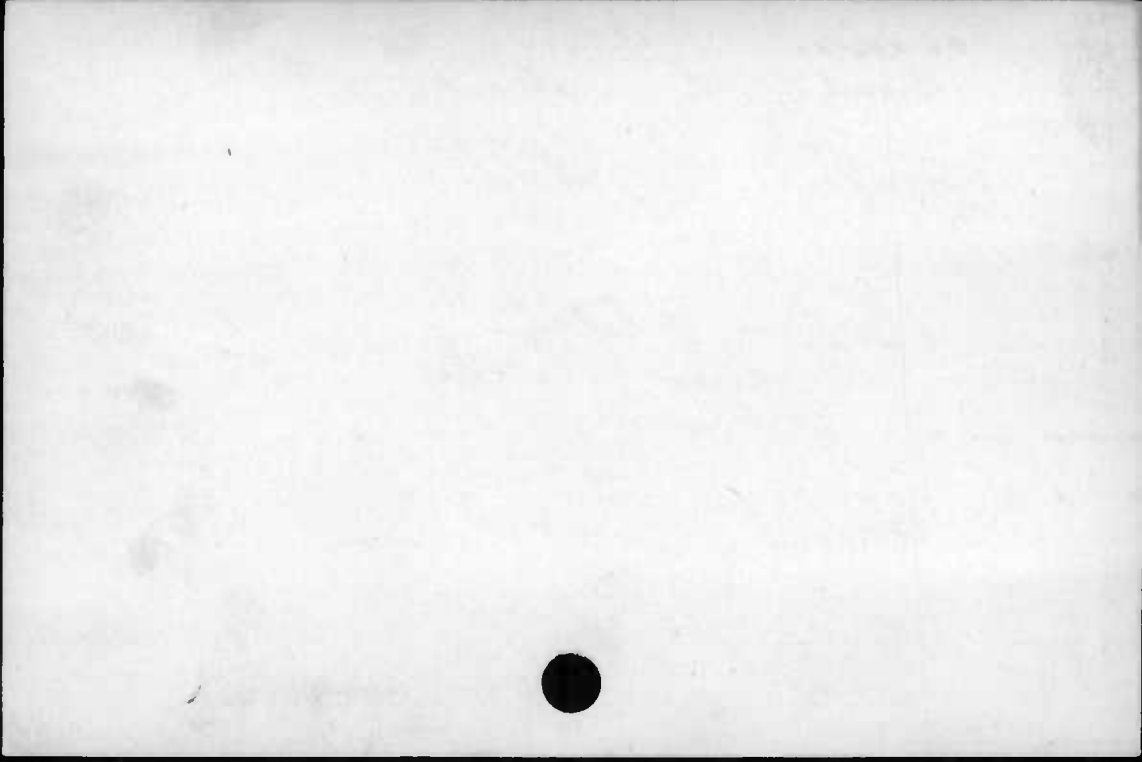
Walter O. Selby

Address

Rock Hall, Kent Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas J. Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Broad Neck		Kent County		MARYLAND	
Date of death 1906	Month July	Day 13	Years 49	Months	Days
Sex Male	Color or Race White		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name James Fletcher	Father's Birthplace Kent Co				
Mother's Maiden Name Susan Fletcher	Mother's Birthplace " "				
Name of person giving information Pro. C. Davis			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's	How long 3 yrs
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Robt. Moffet, Cor.
	Address Chesletown
	Ind.
Accident or Suicide?	



Name
in
Full

Ellen Frisby

CERTIFICATE OF DEATH

Died at ^{Town} Chestertown

County Kent

MARYLAND

Date of death 1906 July 16

Age 14

Months 01 Days 16

Sex Female

Color or Race Colored

Birthplace Baltimore

Occupation Unemployed

Where Residing if not at place of death Chestertown

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Chas Frisby

Father's Birthplace Chestertown

Mother's Maiden Name Hannah Chambers

Mother's Birthplace Kent Co

Name of person giving information Isaac Chambers

How related to deceased Uncle

CAUSES OF DEATH

Primary

Tuberculosis

How long Do not know

Immediate

Exhaustion

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

H. Benge Simmons

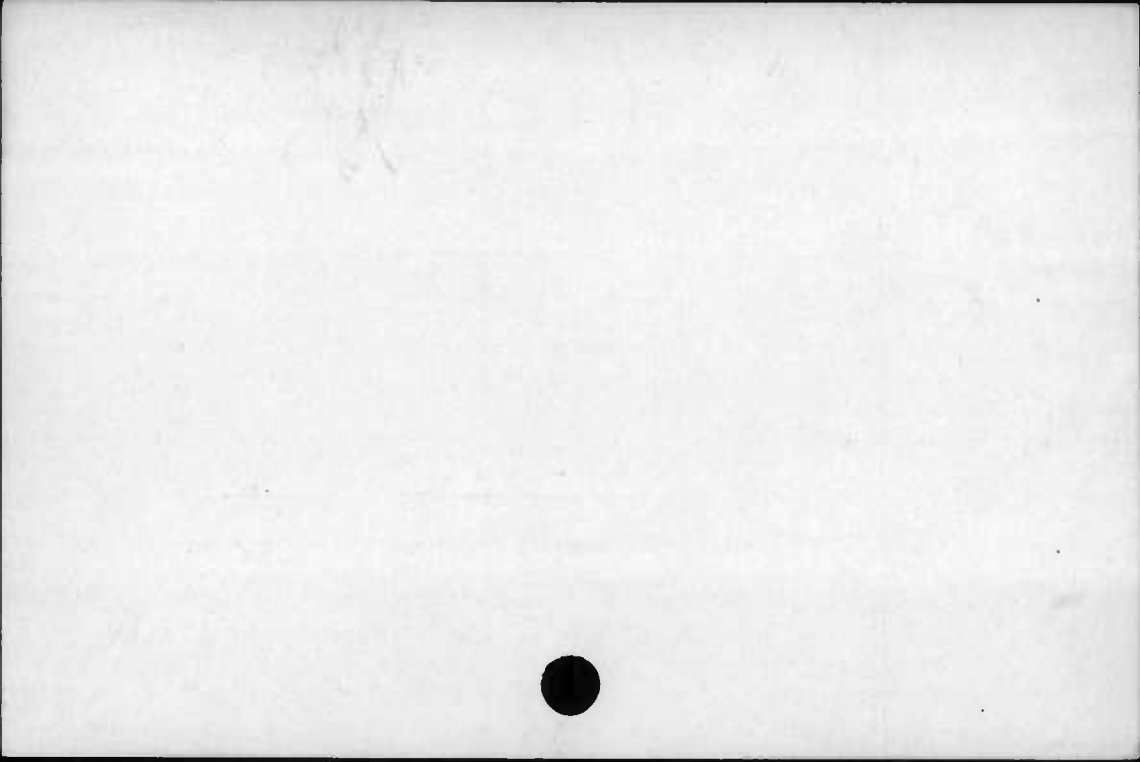
Address

Chestertown Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

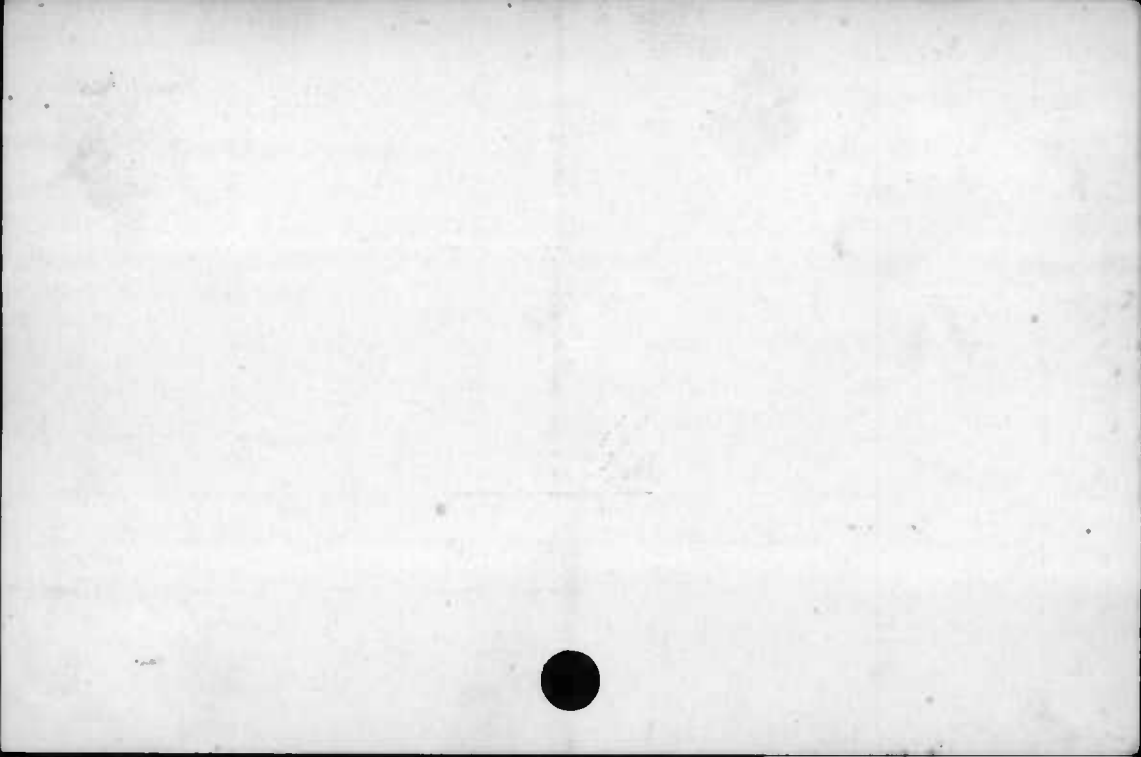
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olmit. Galena</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1906	Month	July	Day	26
Sex	Boy	Color or Race	colored	Age	16
Occupation			Birthplace	<i>Kent. Co. Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Samuel G. Leaves</i>		Father's Birthplace <i>Kent Co. and.</i>	
Mother's Maiden Name		<i>Mary A. Riley</i>		Mother's Birthplace <i>Kent Co. and.</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Emma Wilmore</i>
		Address <i>Galena, and</i>
Accident or Suicide?		



Name
in
Full

William Chant-Grant

CERTIFICATE OF DEATH

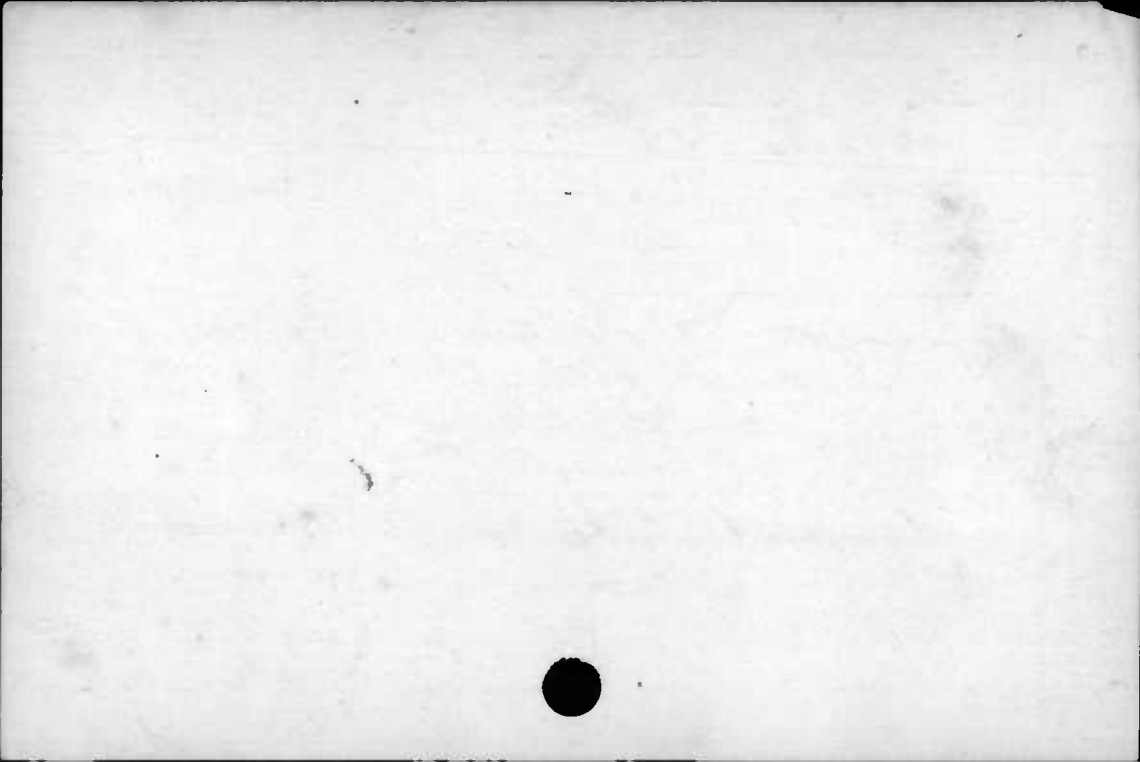
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Penny Kick</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death	1904	Month	July	Day	27	Age	8
Sex	Male	Color or Race	White	Birth-place	Kent Co. Md	Months	—
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				John W Grant			
Mother's Maiden Name				Ida K Roberts			
Name of person giving information				John W Grant			
Father's Birthplace				Maryland			
Mother's Birthplace				"			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septicemia Nephritis</i>	
Immediate	<i>Acute hemorrhage</i>	
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		<i>Dr. Byll Md</i>
Address		<i>Rockhall Md</i>
Accident or Suicide?		



Name in Full		Hildie May Hackett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Still Pond		Kent		MARYLAND	
	Date of death	1906	Month July	Day 12	Age —	Years 9	Months 3
	Sex	female		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Andrew J. Hackett				Father's Birthplace	md
	Mother's Maiden Name	Rena Basin				Mother's Birthplace	md
Name of person giving information	Mrs Whaley				How related to deceased	Grand mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heringitis			(61)	How long	a week.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician	Wm. S. Maxwell,	
					Address	Still Pond, Md.	
	Accident or Suicide?						

Still Ravel.

Name
in
Full

Goldie Lillian Harris.

CERTIFICATE OF DEATH

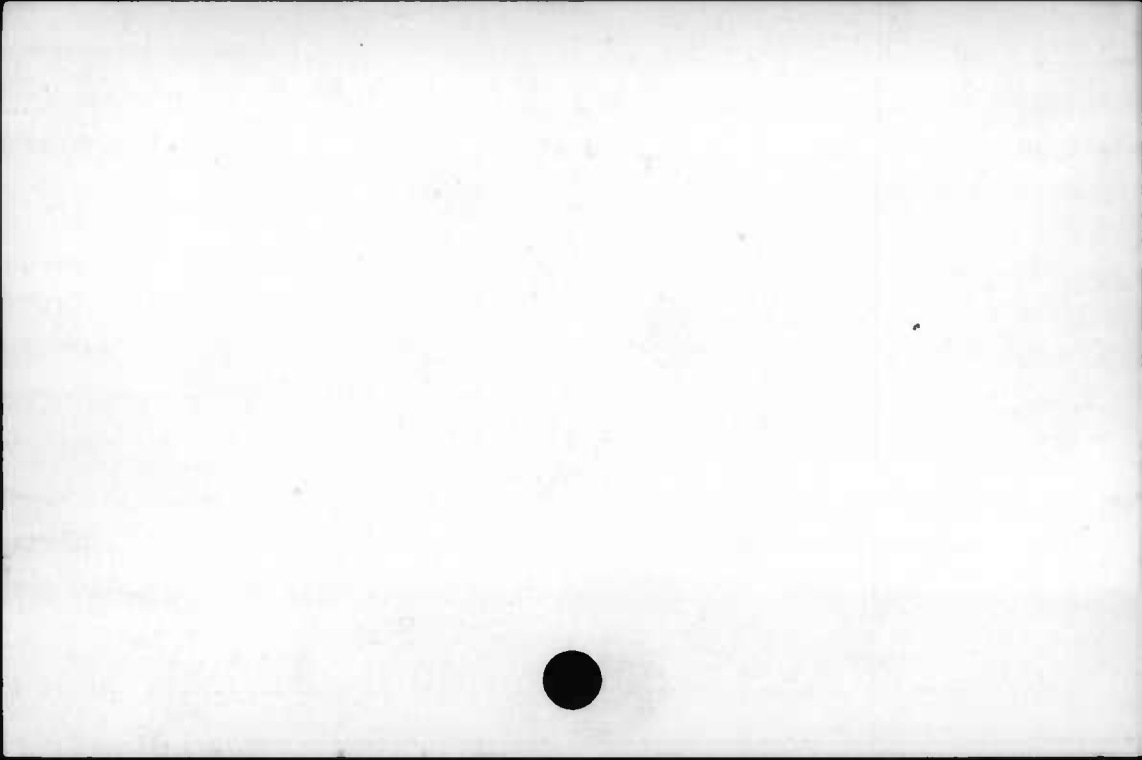
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> <small>Town</small>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>10</i>	Age <i>16</i>	Years <i>16</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>House maid</i>			
Name of Wife or Husband					
Father's Name <i>William, Harris.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jane Cooper</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>20 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N M. Jeter.</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name
in
Full

Maurice Hughes

CERTIFICATE OF DEATH

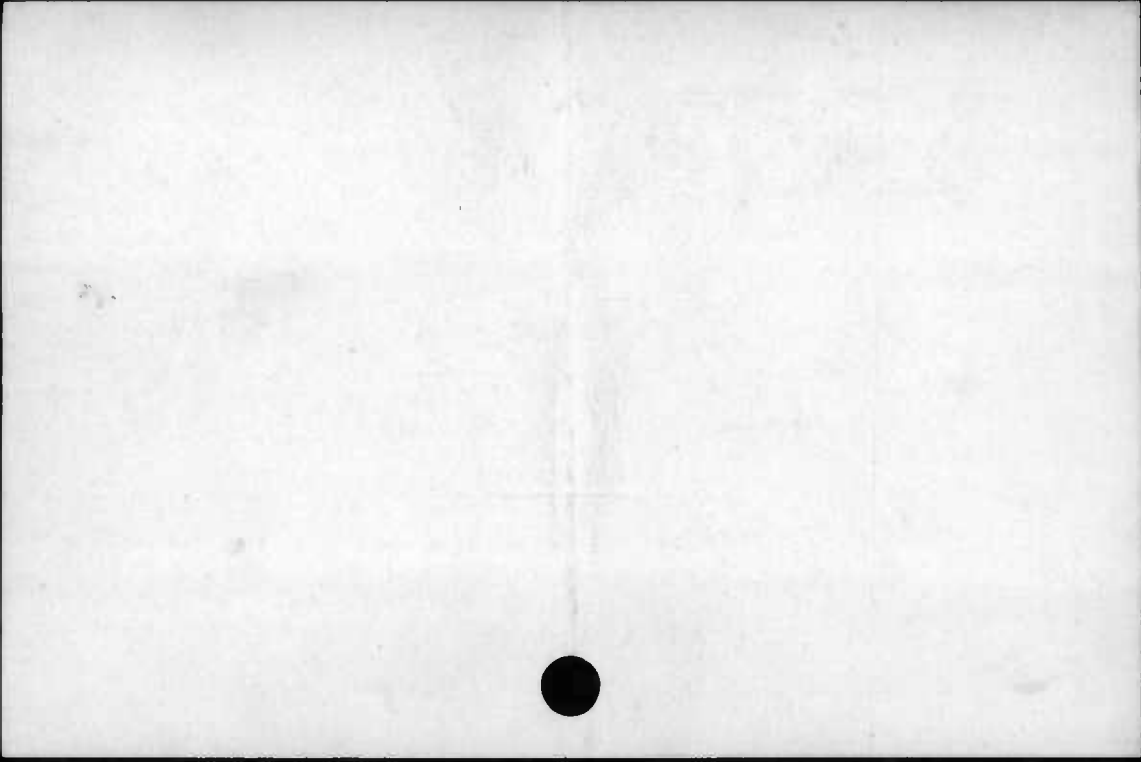
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morgue</i> ^{Town}		<i>Trent</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>July</i> ^{Month}	<i>24</i> ^{Day}	<i>9</i> ^{Months}	<i>4</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Med</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
<i>Harry, Hughes</i>			<i>Med</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary Mulburn</i>			<i>Del</i>		
Name of person giving information			How related to deceased		
<i>Harry Hughes</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shercolia's</i>	How long	<i>3 days</i>
Immediate	<i>Apnoea</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. G. Simpson</i>
		Address	<i>Chesborton</i>
Accident or Suicide?	<i>No</i>		<i>Med</i>



Name
in
Full

Walter Inett

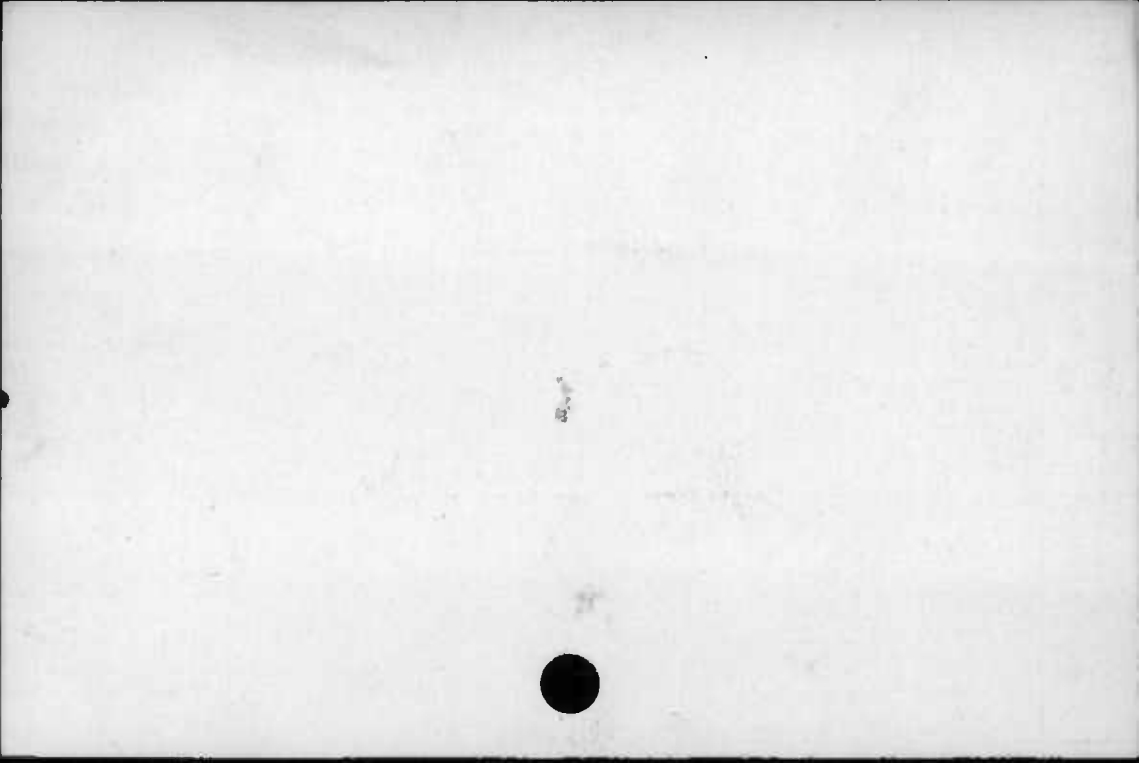
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Middleton		County Kent		ed		MARYLAND	
Date of death		1906	Month 7	Day 15	Age 1 year	Years		Months	Days
Sex Male		Color or Race White		Birth-place La Co					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name James Inett				Father's Birthplace Kent Co					
Mother's Maiden Name Jane Inett				Mother's Birthplace Kent Co					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long 105	Week
	Immediate	" "	How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician H. L. Lanning		Address Middleton Md.	
Accident or Suicide?				



Name
in
FullLawrence Leonard
Town Edesville Kent Co

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1906

Month

July

Day

4

Years

50

Age

Months

2

Days

3

Sex

male

Color or
Race

Colored

Birth-
place

Kent Co.

Occupation

Labor

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kate Mary

Father's
Name

Samuel Leonard

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Mary Leager

Mother's
Birthplace

Kent Co

Name of person giving
Information

Kate Mary

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

24 hours

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

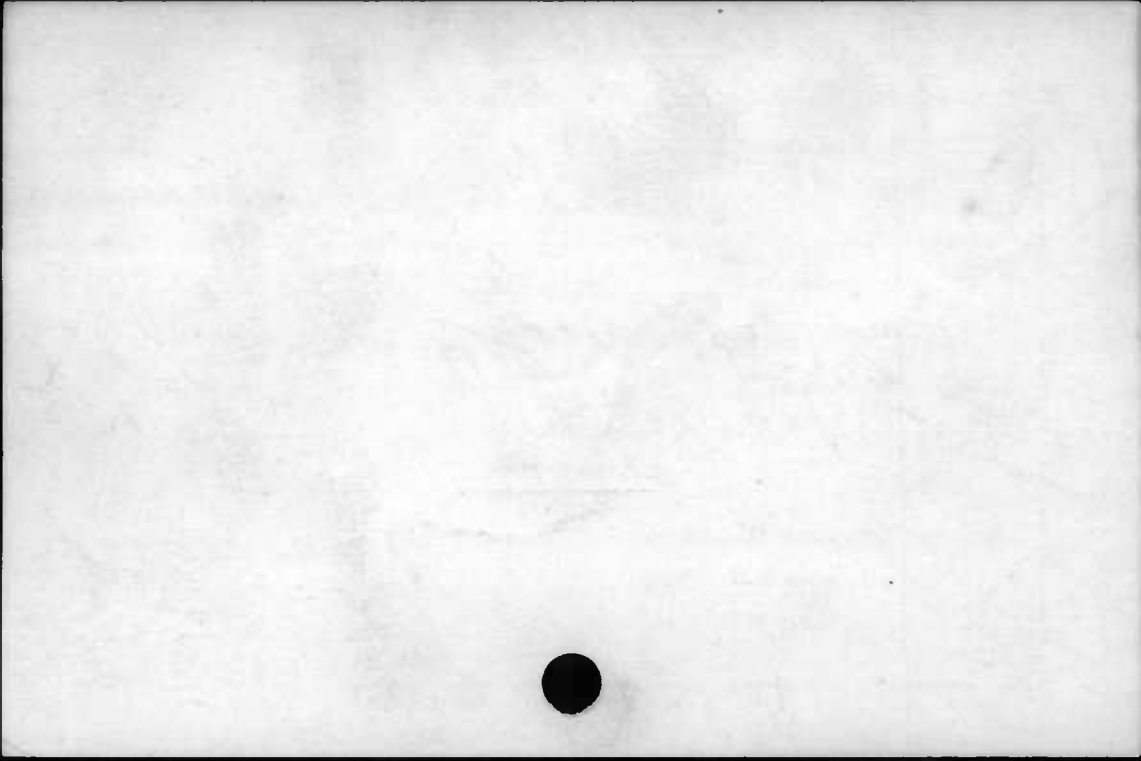
Signature of
Physician

Address

Walter O. Selby M.D.
Rockfall, Kent Co.
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rock Hall* *Kent* County

Date of death *1906* *July* *31st* *Age* *4* *Months* *13* *Days*

Sex *boy* Color or Race *White* Birthplace *Near Rock Hall*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Roland Murray* Father's Birthplace *Holly Pond*

Mother's Maiden Name *Mary Cella Moffett* Mother's Birthplace *Salena*

Name of person giving information *J. J. Moffett* How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Wastoid Abscess* *1460* How long *3 weeks*

Immediate *Exhaustion* How long *2 days*

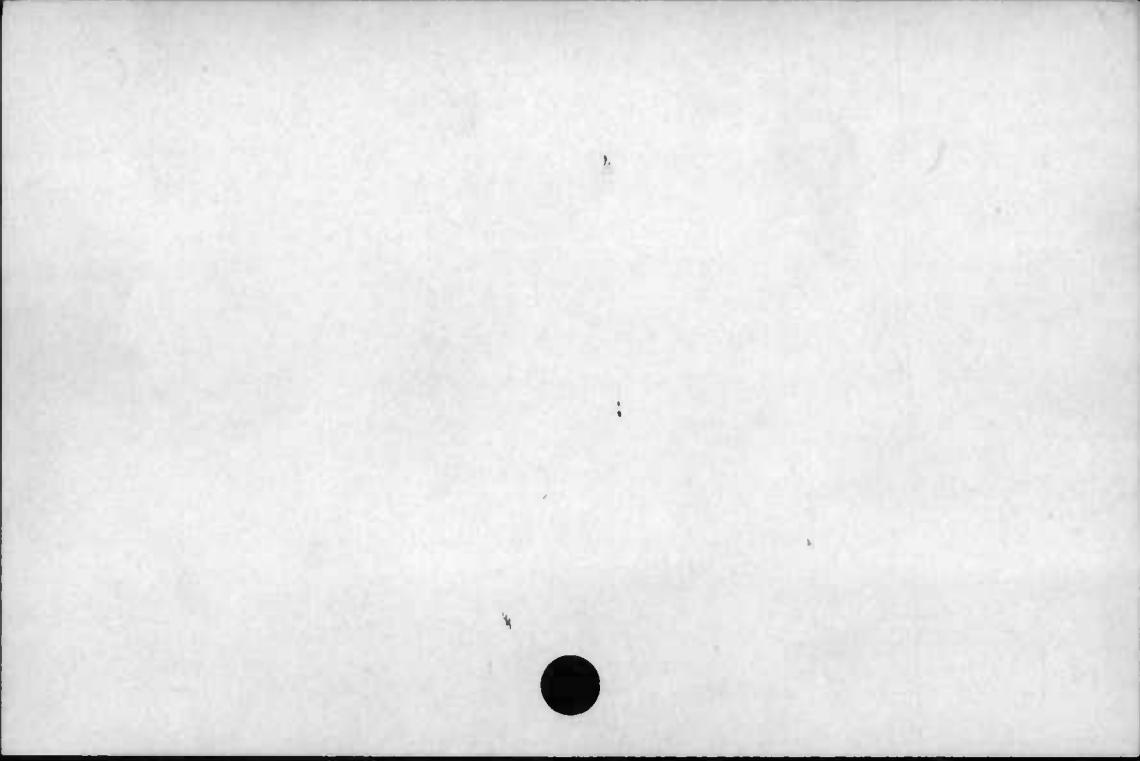
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. W. Beall M.D.*

Address *Rock Hall*

Accident or Suicide? _____

PHYSICIAN
OR CORONER



Name
In
Full

Mary Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond.</u>		County <u>Kent.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July.</u>	Day <u>21</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>
Sex <u>female.</u>	Color or Race <u>black.</u>	Birth-place <u>md.</u>		Days <u>9</u>	
Occupation <u>none</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Miller</u>	Father's Birthplace <u>md.</u>		Mother's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Mary Stewart</u>	How related to deceased <u>father.</u>		Name of person giving information <u>Henry Miller.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>hemorrhage</u>	How long <u>all his life.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. [unclear]</u>
	Address <u>New Pond, Maryland.</u>
Accident or Suicide?	

179

Still Royal.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *William Henry Miller* Town *Pomona* County *Kent*

Died at *Pomona*

Date of death *1906* Month *July* Day *17* Age *2* Years Months *7* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Pomona*

Occupation *infant* Where Residing if not at place of death *Pomona*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm Edward Miller* Father's Birthplace *Pomona*

Mother's Maiden Name *Alphonsa Graves* Mother's Birthplace *Kent Co*

Name of person giving information *Wm Edw Miller* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Brights* How long *likely 6 months*

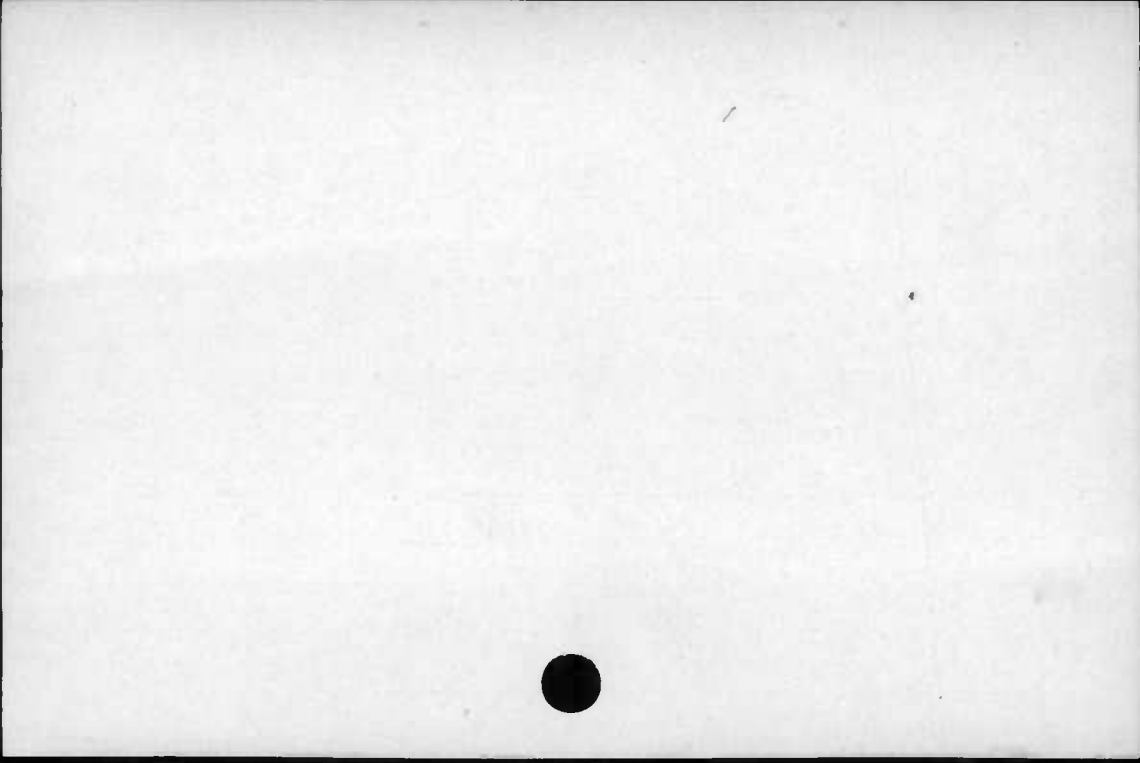
Immediate *Brights* How long *3 or under 6 weeks / 1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H Benge Simmons*

Address *Chester town Md*

Accident or Suicide? *No*



Name
in
Full

George Washington Moffet

CERTIFICATE OF DEATH

Died at Rock Hall

Town

Kent

County

MARYLAND

Date of death 1906 July

Month

28

Day

Age 32

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Kent Co Md

Occupation

Warler man

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Ida Jones

Father's
Name

George W Moffet

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ella Kernan

Mother's
Birthplace

Maryland

Name of person giving
In formation

Ida Jones

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

8 months

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

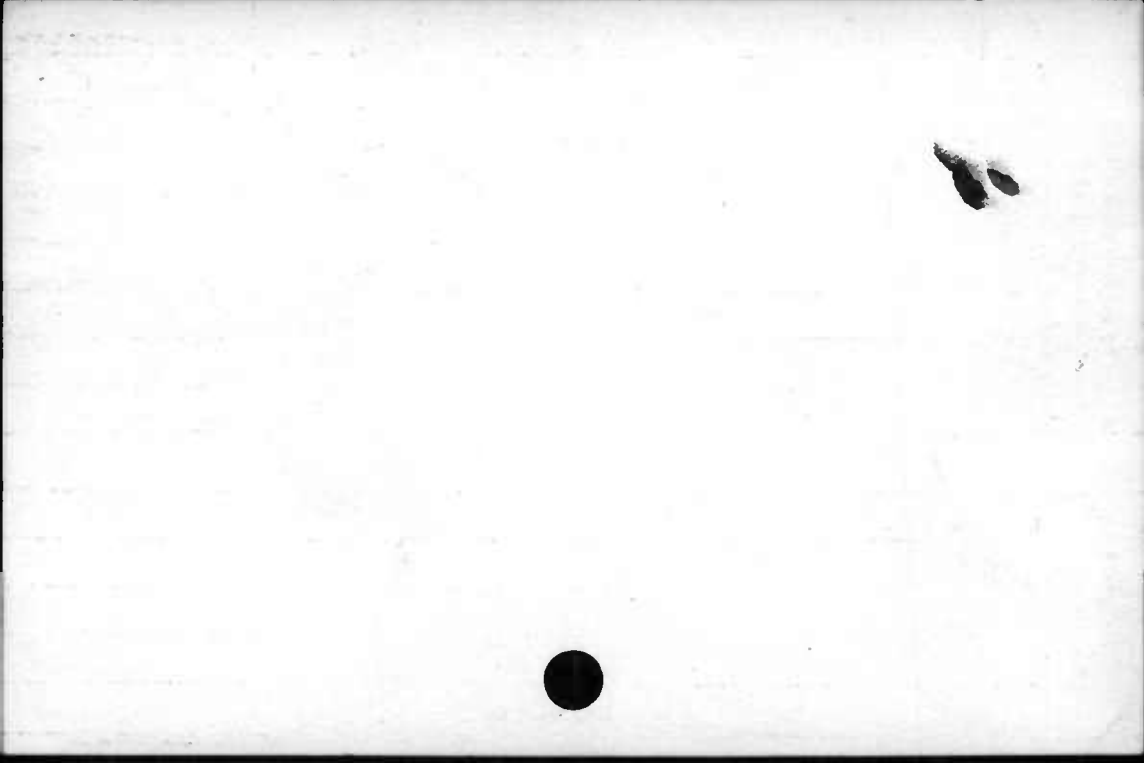
H B McCall M.D.

Address

Rock Hall Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harriet R Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death	1906	Month	July	Day	21
Age	16	Years		Months	
Sex	Female	Color or Race	Col	Birth-place	Md
Occupation	House girl		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Levin Pearce			Father's Birthplace	Md
Mother's Maiden Name	Eliza Thomas			Mother's Birthplace	Md
Name of person giving information	Eliza Pearce			How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Hemorrhage</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Rimpers</i>
		Address	<i>Chestertown, Md</i>
Accident or Suicide?	<i>No</i>		

col

Name
in
Full

Levin Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chestertown

County Kent

Date of death 1906 July

Day 29

Age

Years

Months ✓

Days

Sex Male

Color or Race

Cool

Birth-place

Md

Occupation

Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Peter Glend

Father's Birthplace

Md

Mother's Maiden Name

Hattie Pearce

Mother's Birthplace

Md

Name of person giving information

Elyza Pearce

How related to deceased

Grandmother

CAUSES OF DEATH

Primary

Inanition

(137)

How long

Since birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. J. Simpson
Chestertown, Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

chester Cal. Cemetery

Name in Full		Ellen Medders Pennington				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester town		Thent		MARYLAND		
	Date of death	1908	Month	July	Day	28	Age	23
	Sex	Female		Color or Race	White		Birth-place	Med
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Edw. Pennington							
	Father's Name	Andrew Medders				Father's Birthplace	Med	
	Mother's Maiden Name	Eliza Beth Sheets				Mother's Birthplace	Med	
Name of person giving information	Sam'l E. J. Start				How related to deceased	None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Sarcoma of liver				How long	7 months	
	Immediate	Exhaustion				How long	Several weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. G. Sampson	
	Address	Chester town, Md						
	Accident or Suicide?	No						



Name
in
Full


Annie E. Sewell

CERTIFICATE OF DEATH

Died at <u>Golt</u> ^{Town}		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>July</u>		Day <u>28</u> ^{Years} <u>Age</u>		Months <u>7</u> Days	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Golt. Md.</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Wm Sewell</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Annie Daniels</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Wm Sewell</u>		How related to deceased <u>father</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Cholera Infantum</u>	How long <u>3 days</u>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		
Signature of Physician <u>Wm Jeter M.D.</u>		Address <u>Millington. Md.</u>	
<u>Rev. G. Lombard J.?</u> <u>acting as coroner</u> Accident or Suicide?			

Buy at Gotts.
John L. Smith and Herbert

Name in Full

Certificate of Death

Mary Stuart -

Town

County

Died at

Chester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

78

Cause of

Primary

Endocarditis 2 months

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. L. Dunc, M.D. -

Address

Chester Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900

Inquiry made but no response.

N. W.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall <small>Town</small>		Kent <small>County</small>		MARYLAND	
Date of death	1906 <small>Year</small>	July <small>Month</small>	1st <small>Day</small>	11 <small>Months</small>	8 <small>Days</small>
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Susco			Father's Birthplace	Kent Co Md
Mother's Maiden Name	Ellen Cora Scott			Mother's Birthplace	" "
Name of person giving information	Edgar H Strong			How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Auto intoxication**
Immediate **convulsions.**

How long

How long

Are the name, age, sex, color, date and place correctly given above?

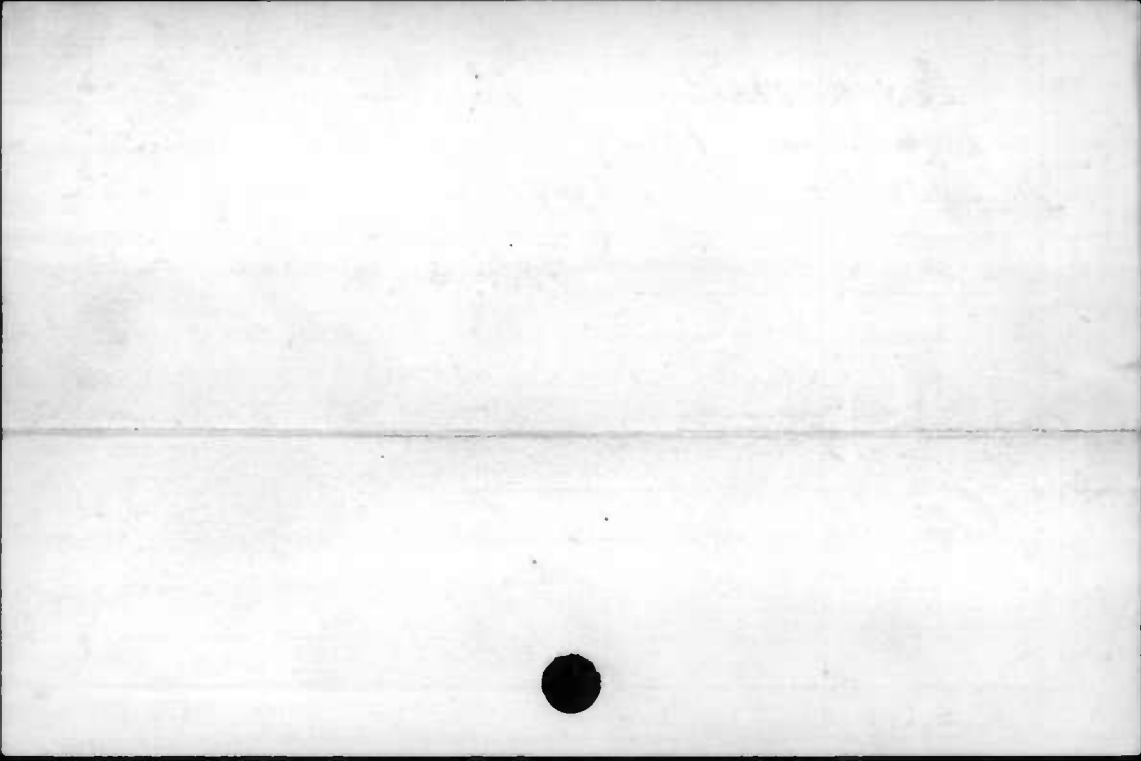
yes

Signature of Physician

Address

J. D. Gull**Rock Hall Md**

Accident or Suicide?



Name In Full		Alice Grace Thompson.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Ponona		Kent		
		Date of death		1906	Month	July	Day	1
		Age		Years		Months		
		Sex		Female		Color or Race		
		Occupation		White		Birth-place		
				Where Residing If not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Clarence Thompson		Father's Birthplace		
		Mother's Maiden Name		Ada Hadeney		Mother's Birthplace		
		Name of person giving information		Clarence Thompson		How related to deceased		
						Farther		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Capillary Bronchitis		How long		
		Immediate		"		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		5 days		
		Signature of Physician		A. Benge Simmons		5 days.		
		Address		Chester town Md				
		Accident or Suicide?		No				

13



Name
in
Full

Edgar Phillip Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i>		County <i>Kent.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>24</i>	Age <i>1</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Kent Co</i>		
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Joshua Thompson</i>		Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Jenny Conway</i>		Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Phillip Thompson</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown.</i>	How long	<i>12 hours.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yrs.</i>	Signature of Physician	<i>Frank W. Swilbom</i>
		Address	<i>Garfield Ind.</i>
Accident or Suicide?			



Name
in
Full

Herietta Vossell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galena</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>14</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Willington</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John F. Vossell</i>				
Father's Name <i>George Maslin</i>	Father's Birthplace <i>near Willington</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>John F. Vossell</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>7 years</i>
Immediate <i>Edema lungs</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Maslin</i>
	Address <i>Galena, Md.</i>
Accident or Suicide?	



Name
in
Full

Chas. H. Waddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Quaker Neck Whf.*

Town

Kent

County

Date

of death *1906*

Month

July

Day

6

Years

Age *49*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place

Occupation

*Sailing*Where Residing if not
at place of death*Chestertown*Married, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Accidental Drowning

How long

Immediate

How long

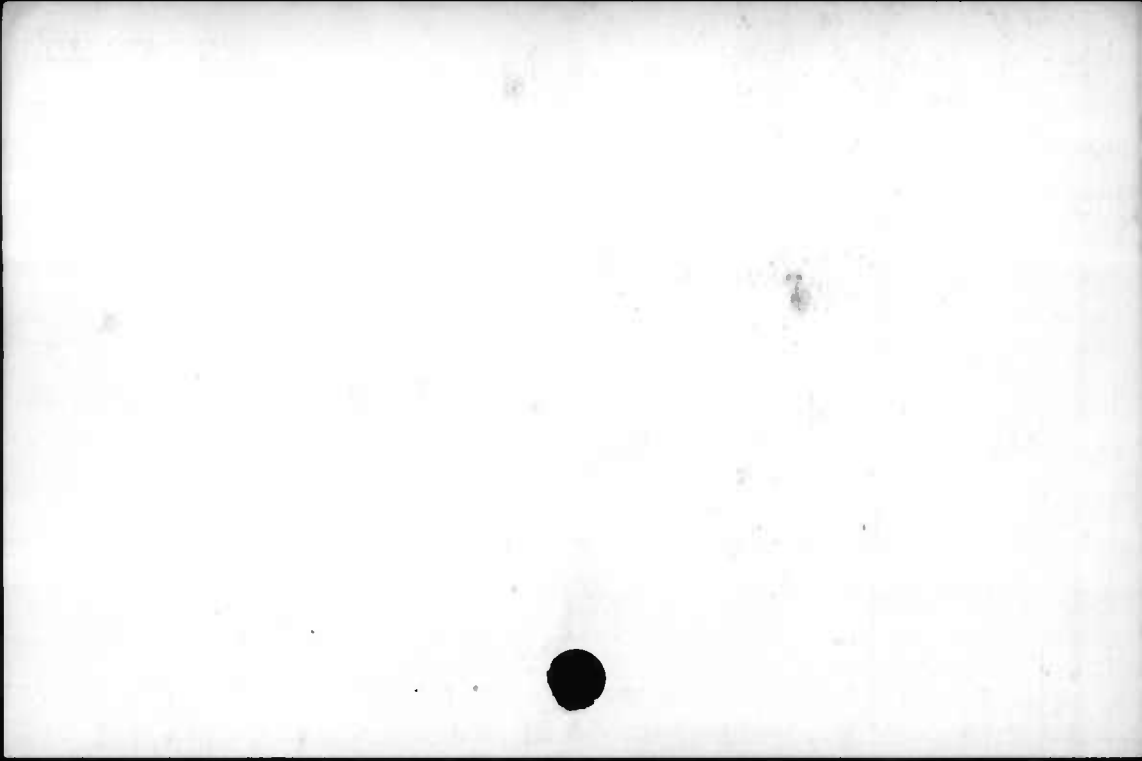
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Robt. Moffitt Esq.*

Address

*Chestertown
Md.*

Accident or Suicida?

PHYSICIAN
OR CORONER



Name
in
Full

William Henry Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

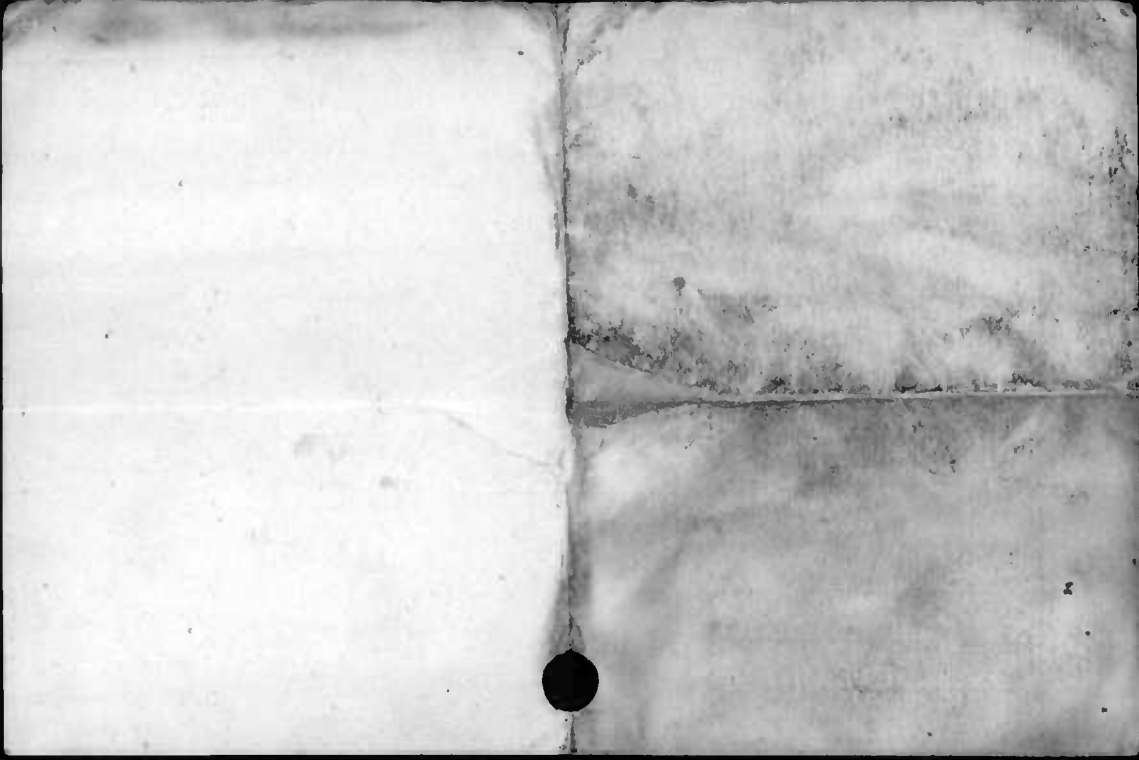
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	30		10		
Sex	Male		Color or Race	Colored		Birth-place	Sanford.
Occupation	infant		Where Residing if not a place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Josiah Wallace				Father's Birthplace	
Mother's Maiden Name		Eliza Jones				Mother's Birthplace	
Name of person giving information		W. K. Comegys				How related to deceased	
						not related	

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	Early July.
Immediate	Pneumonia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			H. Brynne Sumner	
			Address	
			Shelburne	
Accident or Suicide?		No.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James . A . Walley .
Town Coleman County Kent MARYLAND
Died at
Date of death 1906 Month July Day 2 Age — Years — Months 8 Days 21
Sex Male Color or Race Black Birth-place md
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Lewin Walley Father's Birthplace md
Mother's Maiden Name Mamie Schell Mother's Birthplace md
Name of person giving information Lewin Walley How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 105
Immediate convulsions How long —

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

L. P. Atwell, M.D.
Still Pond
md.

Accident or Suicide?

Coleman.

Name
in
Full

Lillian Walley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Kent</u> County		MARYLAND	
Date of death	1906	Month	July	Day	17
Age	—		Years	Months	11
Sex	female		Color or Race	black.	
Occupation	—		Birthplace	Md	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus.</u>	How long	<u>10 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<u>Wm. S. Maxwell,</u>	
Address		<u>Still Pond, Md.</u>	
Accident or Suicide?			

Coleman



Name
in
Full

Henry Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Edmonville

Town

Kent

County

Date of death 1906 July

Month

Day 17

Age one

Years

Months one

Months

Days 12

Days

Sex Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph W. Walter

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary J. E. Cooper

Mother's
Birthplace

" "

Name of person giving
information

Father

How related
to deceased

105

CAUSES OF DEATH

Primary

Gastrointestinal Catarrh

How long

One Week

Immediate

Convulsion at exhaustion

How long

8 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

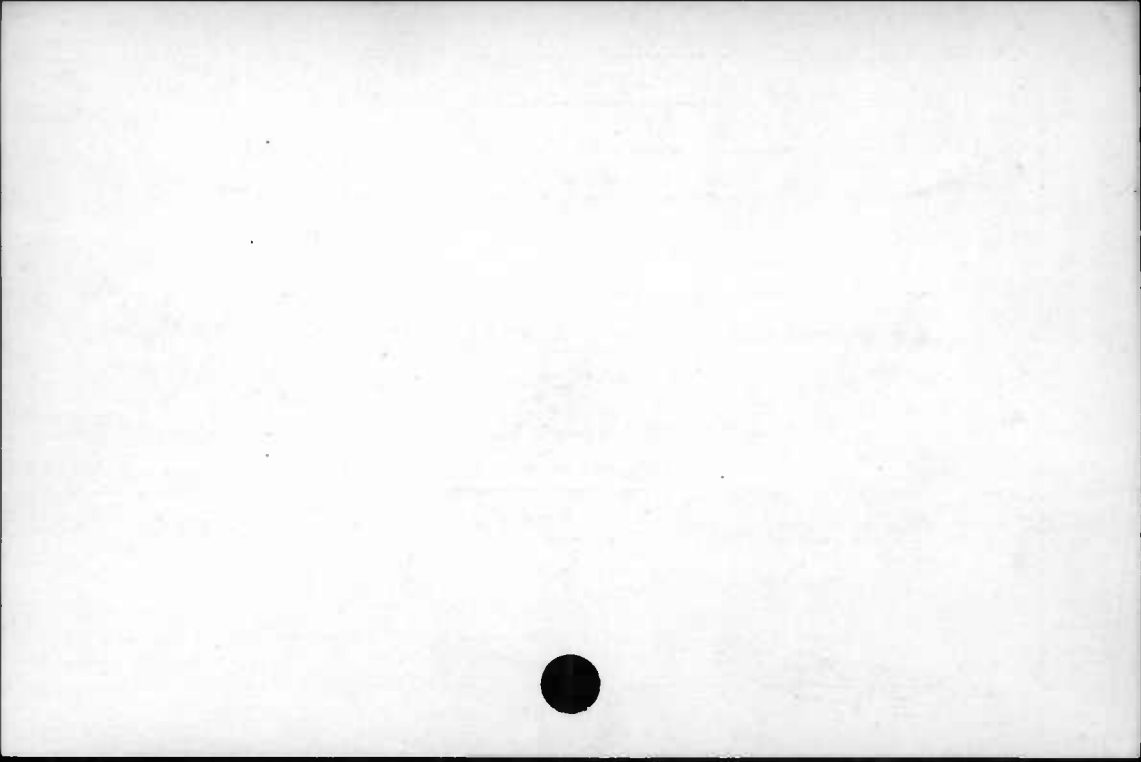
H. W. Beall M.D.

Address

Rock Hall Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Henry. White.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hear		Caney-Still Pond		Kent.			
Date of death		Month	Day	Age	Years	Months	Days
1906		July	1			6	
Sex	male	Color or Race		Black		Birth-place	U. S.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Thomas A. White				Father's Birthplace	
Mother's Maiden Name		Carrie Johnston				Mother's Birthplace	
Name of person giving information		T. A. White				How related to deceased	
						Ind. Ind father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus.	How long	6 mo.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Maxwell,	
Address		Still Pond, Md.	
Accident or Suicide?			

Still Pond

Name
in
Full

Allston Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> <small>Town</small>			<u>Hent</u> <small>County</small>			MARYLAND	
Date of death <u>1906</u>		<u>July</u> <small>Month</small>	<u>12</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>U.S.</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>James Wilson</u>			Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Lena Brown</u>			Mother's Birthplace <u>md</u>				
Name of person giving information <u>James Wilson</u>			How related to deceased <u>father.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum.</u>	How long <u>a few days.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm S. Maxwell.</u>
	Address <u>Stith Pond, Md.</u>
Accident or Suicide?	

Union Church

Name
in
Full

Mary S. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesterville Grove ^{Town} Keet ^{County} MARYLAND

Date of death 1906 ^{Month} July ^{Day} 24 ^{Years} 1 ^{Months} 2 ^{Days} 6

Sex Female Color or Race Colored Birth-place Keet Co

Occupation None Where Residing if not at place of death at home

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Albert Wilson Father's Birthplace Keet Co

Mother's Maiden Name Mary (Brown) Wilson Mother's Birthplace Keet Co

Name of person giving information Albert Wilson How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum ^{How long} 10 days

Exhaustion ^{How long} —

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. P. Lowe M.D.
Millington
Md.

Accident or Suicide?

